
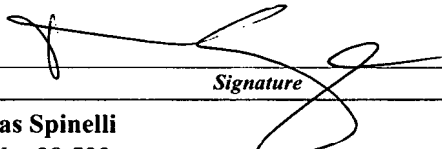
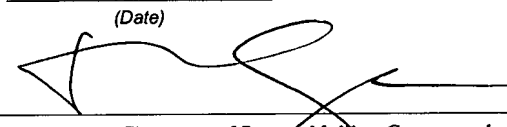


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|---|-------------------------------------|--|--|-------------------------------|---------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | | Docket No. 17518 | |
| Applicant(s): Sumihito Konishi | | | | | | |
| Application No. 10/792,240 | Filing Date March 3, 2004 | Examiner Philip Robert Smith | Customer No. 23389 | Group Art Unit 3739 | Confirmation No. 4767 | |
| Invention: ENDOSCOPIC SURGICAL SYSTEM | | | | | | |
|  COMMISSIONER FOR PATENTS: | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 19 - | 20 = | 0 | x \$50.00 | \$0.00 | |
| INDEP. CLAIMS | 4 - | 4 = | 0 | x \$200.00 | \$0.00 | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 | |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
|  _____ <i>Signature</i> | | | Dated: May 7, 2007 | | | |
| Thomas Spinelli Reg. No. 39,533 SCULLY, SCOTT, MURPHY & PRESSER, P.C. 400 Garden City Plaza, Ste. 300 Garden City, NY 11530 (516) 742-4343 TS:DAT:jam | | | <div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <div style="text-align: center;"> May 7, 2007 _____ (Date) </div> <div style="text-align: center;">  _____ <i>Signature of Person Mailing Correspondence</i> </div> <div style="text-align: center;"> Thomas Spinelli _____ <i>Typed or Printed Name of Person Mailing Correspondence</i> </div> </div> | | | |
| CC: | | | | | | |



**RESPONSE UNDER 37 C.F.R. §1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3739**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sumihito Konishi

Examiner: Philip Robert Smith

Serial No.: 10/792,240

Art Unit: 3739

Filed: March 3, 2004

Docket: 17518

For: ENDOSCOPIC SURGICAL SYSTEM

Dated: May 7, 2007

Conf. No.: 4767

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

AMENDMENT AND RESPONSE UNDER 37 C.F.R. §1.116

Sir:

In response to a FINAL REJECTION of the U.S. Patent and Trademark Office mailed on March 7, 2007, please amend the subject application as follows:

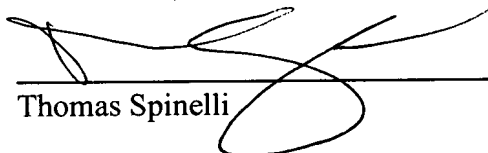
Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 11 of this paper.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 7, 2007.

Dated: May 7, 2007


Thomas Spinelli